U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 AMENDED AME

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 3285	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Aaron W Anderson	Name Painters District Council No. 30
	Labor Organization File Number 022-615
P.O. Box, Bldg., Room No., Hany	P.O. Box, Building and Room Number, if any 101
Street	Street
Street 3813 Illinois Avenue	Street 3813—Filinois Avenue
City St. Charles	Gity St. Charles
State Illinois ZIP.Code + 4 60174	State SIllingis ZIP Code + 4 60174
5. Position in labor organization. Director of Organizing	20 of (4 c) (50)

A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	ion represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name N/A	None
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	\$0
State Z!P Coxle + 4	
Sign	nature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompanuadersigned's knowledge and belief, true, correct, and complete. (See the set	ying documents), has been examined by the signatory and is, to the best of the
Signed Harm WA - Com-	on 08/15/2004 630-377-2120
- Investigation	Date Telephone Number
7. 5 + 6.43 4 1.	· · · · · · · · · · · · · · · · · · ·

HOLD IN SIGN USES

AMENDEDMY

Name of Person Filing Aaron Anderson		File Number U=	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the busines vely seeking to represent, or directly to, or otherwise	\$	
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Painters and Allied Trades LMCI			
Trade Name, if any: Labor-Management Cooperation Init.	a. Labor Organiza	ation	
P.O. Box, Bldg., Room No., if any	b. Trust		
Street New York Avenue, N.W.	c. Employer		,
City Washington			
State District of Columbia ZIP Code + 4 20006			ļ
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ling.	
Name N/A			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar val	tue of such dealing	
City .	12.a. Nature of interest he		
State ZIP Code + 4	One dinner during	· · · · · · · · · · · · · · · · · · ·	Convention
		b remark of the management of the control of the co	
	12.b. Amount,	44 T-1	\$128
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	**************************************	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	
(including trade name, if any).	None		
Name N/A			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		\$0

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

SE DOL FOR

Ε

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E (N615205)	
1. File Number U - 22-85	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name Aaron W Anderson	Name Painters and Allied Trades Local Union No. 44
	Labor Organization File Number 009-240
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 2091 Kathleen Circle	Street 2175 Rochester Drive
City Montgomery	City Aurora
State Illinois ZIP Code + 4 60538	State Illinois ZIP Code + 4 60506
5. Position in labor organization. Recording-Secretary	
(except as specified in the A. Held an interest in, engaged in transactions (including loans) with	r spouse or minor child directly or indirectly had any of the following interests exclusions set forth in the instructions): h, or derived income or other economic benefit of eigenvectors or is actively seeking to represent.
(except as specified in the A. Held an interest in, engaged in transactions (including loans) with	exclusions set forth in the instructions): h, or derived income or other economic benefit of
(except as specified in the A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organ 6. Name and address of Employer (including trade name, if any).	exclusions set forth in the instructions): h, or derived income or other economic benefit of
(except as specified in the A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organ 6. Name and address of Employer (including trade name, if any). Name	h, or derived income or other economic benefit of etzation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
(except as specified in the A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organs. 6. Name and address of Employer (including trade name, if any).	h, or derived income or other economic benefit of etzation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
(except as specified in the A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organ 6. Name and address of Employer (including trade name, if any). Name	h, or derived income or other economic benefit of etzation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
(except as specified in the A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organ 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	h, or derived income or other economic benefit of atzation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. NA
(except as specified in the A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organ 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	h, or derived income or other economic benefit of atzation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. NA
(except as specified in the A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organ 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	h, or derived income or other economic benefit of alzation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. NA 7.b. Amount.
(except as specified in the A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organ 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	h, or derived income or other economic benefit of alzation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. NA 7.b. Amount.
(except as specified in the A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organ 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	exclusions set forth in the instructions): th, or derived income or other economic benefit of exaction represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. NA 7.b. Amount. \$0 Signature alty of Perjury and other applicable penalties of the law, that all of the information impanying documents), has been examined by the signatory and is, to the best of the
(except as specified in the A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organ 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 15. Signature and verification. The undersigned declares, under pena submitted in this report (including the information contained in any accordance)	exclusions set forth in the instructions): th, or derived income or other economic benefit of exaction represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. NA 7.b. Amount. \$0 Signature alty of Perjury and other applicable penalties of the law, that all of the information impanying documents), has been examined by the signatory and is, to the best of the

	File Number 0-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street		
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	NA	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing. \$0	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4	NA	
I and the second	1	
	- 12.b. Amount. \$0	
	12.b. Amount \$0_	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above)	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	er parts A and B above) or other thing of value. 14.a. Nature of payment.	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	er parts A and B above) or other thing of value.	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Illinois Painting & Drywall Institute	er parts A and B above) or other thing of value. 14.a. Nature of payment.	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Illinois Painting & Drywall Institute Trade Name, if any:	er parts A and B above) or other thing of value. 14.a. Nature of payment.	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Illinois Painting & Drywall Institute Trade Name, if any: P.O. Box, Bldg., Room No., if any	er parts A and B above) or other thing of value. 14.a. Nature of payment.	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Illinois Painting & Drywall Institute Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1991 W Downer Place	er parts A and B above) or other thing of value. 14.a. Nature of payment.	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Illinois Painting & Drywall Institute Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1991 W Downer Place City Aurora	or other thing of value. 14.a. Nature of payment. One Labor Management Dinner	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Illinois Painting & Drywall Institute Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1991 W Downer Place	er parts A and B above) or other thing of value. 14.a. Nature of payment.	

Name of Person Filing Aaron Anderson		File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name		
Trade Name, if any:	a. Labor Organiza	3800n
P.O. Box, Bldg., Room No., if any	b. Trust	
Street	c. Employer	
City	•	
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ing.
Name	NA	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	<u> </u>	
City	11.b. Approximate dollar val	
State ZIP Code + 4	NA NA	a da mada na nada na
-		
	12.b. Amount.	\$0
	12.0. Anount.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	Trust Fund Meeting
Name Stephanie Lord	One primer puring	g II abe raid receing
Trade Name, if any: Loomis, Sayles & Co. LLP		
P.O. Box, Bldg., Room No., if any		
Street 227 W Monroe Street		
City Chicago		
State Illinois ZIP Code + 4 50606		
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.	\$55

Name of Person Filing Aaron Anderson		File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name		•
Trade Name, if any:	a. Labor Organiza	ation
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer	
Street	o. zmployo.	
City .		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ing.
Name	NA	•
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City	11.b. Approximate dollar val	
	12.a. Nature of interest he NA	ia in mounte received.
State ZIP Code + 4		
		_
	12.b. Amount.	\$0 _.
	· · · · · · · · · · · · · · · · · · ·	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. Payment of Hotel.	Room Fees For Trust Fund Meeting.
Name PAINTERS DISTRICT COUNCIL NO. 30 Pension Fun		·
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any 102		
Street 3813 Illinois Ave.		
City St. Charles		
State Illinois ZIP Code + 4 60174		-
	14.b. Amount of payment.	

13.b. Is the Business an Employer

or Consultant

?

\$746

Name of Person Filing Aaron Anderson		File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	_	İ
Trade Name, if any:	a. Labor Organizat	นอก
P.O. Box, Bldg., Room No., if any	b. Trust	
Street	c. Employer	
City		
State ZIP Code + 4		ļ
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealir	ng.
Name	NA	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar valu	ue of such dealing. \$0
City	12.a. Nature of interest held	<u> </u>
State ZIP Code + 4	NA	
	12.b. Amount.	\$0
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	· • · · · · · · · · · · · · · · · · · ·
(including trade name, if any).	One Round of Golf	
Name L. Mark Monroe		
Trade Name, if any: Voyageur Asset Management., LLC		
P.O. Box, Bldg., Room No., if any 4300		
Street 90 S. 7th Street		
City Minneapolis		
State Minnesota ZIP Code + 4 55402		
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.	\$100

Name of Person Filing Aaron Anderson	Fire raditizer O-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street	G. Ellipsoye.	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Name	'NA	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing. \$0	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4	NA	
· - ·		
	12.b. Amount. \$0	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above)	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any).	one Cocktail reception During Trust Fund Meetings.	
Name Mark A. Sullivan		
Trade Name, if any: Alliance Bernstein		
P.O. Box, Bldg., Room No., if any		
Street 1345 Avenues of the Americas		
City New York		
State New York ZIP Code + 4 10105		
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment. \$45	